

MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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****ADVISORY – Important Information****

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TO: All HAN Recipients

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SUBJECT: Information for Providers on Lyme Disease

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Maine Center for Disease Control and Prevention (Maine CDC)

Information for Providers on Lyme Disease

Lyme disease is the most common vectorborne disease in Maine. Ticks are already out and we expect the number of Lyme disease cases to increase as the weather continues to get warmer. **May is Lyme Disease Awareness Month in Maine.**

The purpose of this advisory is to:

- Provide general information regarding ticks and Lyme disease
- Remind providers to report cases of Lyme disease, including those diagnosed by erythema migrans
- Provide resources on diagnosis and treatment of Lyme disease
- Remind providers that Anaplasma, Babesia and other tick borne disease are also increasing in Maine

Background:

Lyme disease is a bacterial infection that is carried by *Ixodes scapularis* (the deer tick). Cases increased over the last five years in Maine, and occur in all 16 counties. Lyme disease is most common among adults aged 45 – 64, but school age children 5 – 14 also have high numbers of cases. Most infections occur during the summer months. As the weather continues to get warmer, more ticks will be out in the open, and we are likely to see more cases of Lyme disease. Over 1,000 cases of Lyme disease were reported statewide in 2011, which is a record high for Maine. Over 100 cases have already been reported so far in 2012, and that number will continue to rise as we enter the summer months.

Symptoms:

The most common early symptom of Lyme disease is an expanding red rash (erythema migrans) that occurs at the site of the tick bite within 3-30 days after being bitten. Fever, joint and muscle pains may also occur. Lyme disease is treatable, and the majority of patients recover after receiving appropriate therapy.

What to do after a tick bite:

- Remove the tick properly, ideally using tweezers or a tick spoon.
- Identify the tick and the engorgement level, or length in time of attachment. Tick identification is available through the Maine Medical Center Research Institute and more information can be found at <http://www.mmcri.org/home/webSubContent.php?list=webcontentlive&id=109&catID=4&subCatID=19>
- Clean the area around the bite, and instruct the patient to watch for signs and symptoms for 30 days.
- Testing of the tick is not routinely recommended because even if the tick tests positive for Lyme, that does not mean it was attached long enough to transmit disease, and even if the tick tests negative that does not mean that was a patient's only exposure, and that does not eliminate the possibility of Anaplasmosis or Babesiosis.
- Prophylaxis after a tick bite is **not** routinely recommended, but can be considered under specific circumstances including:
 - Tick has been identified as an engorged deer tick that has been attached for over 24 hours
 - Exposure occurred in an area where there is a high rate of infected ticks. Areas south of Bangor have the highest rate of infected ticks in the state. There is limited data from the more northern counties on the rate of infection among ticks.

- Prophylaxis can be started with 72 hours. **Even if prophylaxis is used, monitoring for symptoms for 30 days is recommended.**
- There is no data showing if prophylaxis is effective in preventing Anaplasmosis, and a single dose of doxycycline will not have an effect on Babesiosis. As such, **even if prophylaxis is used, monitoring for symptoms for 30 days is recommended.**

If Lyme disease is suspected:

- Preferred laboratory testing is a two tier method, with an EIA or IFA test followed by Western Blot for both IgG and IgM
- IgM is only considered reliable in the first month after exposure
- IDSA guidelines for assessment, treatment, and prevention of Lyme disease are available at <http://cid.oxfordjournals.org/content/43/9/1089.full>

What to report:

Lyme disease is a reportable condition in the state of Maine. Report all diagnosed erythema migrans rashes and all positive lab diagnoses. Cases can be reported by fax at 1-800-293-7534 or by phone at 1-800-821-5821.

Other tick borne diseases:

Other diseases that are carried by ticks in Maine include Babesiosis and Anaplasmosis. Symptoms of Anaplasma include: fever, headache, malaise and body aches. Symptoms of Babesia include: extreme fatigue, aches, fever, chills, sweating, dark urine, and possibly anemia. Preferred testing for both Babesiosis and Anaplasmosis is by PCR. Most reference labs offer a tick borne panel by PCR.

In 2011, providers reported 26 cases of Anaplasmosis. Providers have already reported seven cases in 2012. In 2011, providers reported 9 cases of Babesiosis. No cases have been reported to date in 2012. Anaplasmosis, Babesiosis, Ehrlichiosis and Rocky Mountain Spotted Fever are all reportable in Maine.

A Physician's Reference Guide is available and describes the most common tick borne diseases in Maine. This guide can be found on our website at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vector-borne/index.shtml> under Resources. Paper copies can be requested through disease.reporting@maine.gov.

Additional information:

- For more information on tick borne diseases including Lyme: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vector-borne/index.shtml>
- For IDSA Lyme disease treatment guidelines: <http://cid.oxfordjournals.org/content/43/9/1089.full>
- To order Lyme educational materials: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vector-borne/posters/order-form.shtml>
- Disease consultation and reporting available through Maine CDC at 1-800-821-5821